

CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES

1. CIR./DIST./DIV. CODE GUX		2. PERSON REPRESENTED KIM, JAE HEE		VOUCHER NUMBER															
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:05-000005-003		5. APPEALS DKT./DEF. NUMBER 1:05-010633-001															
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. KIM		8. PAYMENT CATEGORY Other															
9. TYPE PERSON REPRESENTED Appellant		10. REPRESENTATION TYPE (See Instructions) Appeal of Other Matters																	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense.																			
12. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation: \$ _____ OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$500) Signature of Attorney _____ Date _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address: _____ Telephone Number: _____																			
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) 15. Court Order Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted. Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order _____ None Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO		14. TYPE OF SERVICE PROVIDER <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> 01 Investigator 02 <input checked="" type="checkbox"/> Interpreter/Translator 03 Psychologist 04 Psychiatrist 05 Polygraph Examiner 06 Documents Examiner 07 Fingerprint Analyst 08 Accountant 09 CALR (Westlaw/Lexis, etc) 10 Chemist/Toxicologist 11 Ballistics Expert 13 Weapons/Firearms/Explosive Expert 14 Pathologist/Medical Examiner 15 Other Medical Expert 16 Voice/Audio Analyst 17 Hair/Fiber Expert 18 Computer (Hardware/Software/Systems) 19 Paralegal Services </td> <td style="width:50%; vertical-align: top;"> 20 Legal Analyst/Consultant 21 Jury Consultant 22 Mitigation Specialist 23 Duplication Services (See Instructions) 24 Other (specify) _____ </td> </tr> </table>				01 Investigator 02 <input checked="" type="checkbox"/> Interpreter/Translator 03 Psychologist 04 Psychiatrist 05 Polygraph Examiner 06 Documents Examiner 07 Fingerprint Analyst 08 Accountant 09 CALR (Westlaw/Lexis, etc) 10 Chemist/Toxicologist 11 Ballistics Expert 13 Weapons/Firearms/Explosive Expert 14 Pathologist/Medical Examiner 15 Other Medical Expert 16 Voice/Audio Analyst 17 Hair/Fiber Expert 18 Computer (Hardware/Software/Systems) 19 Paralegal Services	20 Legal Analyst/Consultant 21 Jury Consultant 22 Mitigation Specialist 23 Duplication Services (See Instructions) 24 Other (specify) _____												
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17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS TIN: _____ Telephone Number: _____ CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final <input type="checkbox"/> Interim Payment Number _____ Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee: _____ Date: _____																			
18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case. Signature of Attorney: _____ Date: _____																			
19. TOTAL COMPENSATION		20. TRAVEL EXPENSES		21. OTHER EXPENSES															
23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500. Signature of Presiding Judicial Officer _____ Date _____ Judge/Mag. Judge Code _____																			
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES		26. OTHER EXPENSES															
27. TOTAL AMOUNT APPROVED																			
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3) Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____																			